

Agenda Item 2h

Consideration of Year 7 (2003-03) Performance Funding Issues: Measure and Standard for Indicator 9A for the Medical University of South Carolina

Staff Explanation: Below and on the following pages are the measure write-up and the Year 7 (2002-03) report form for Indicator 9A for the Medical University of South Carolina (MUSC) – *Financial Support for Reform: Improving Child and Adolescent Health (Pre-K to Grade 12 Aged Children)*. The Commission approved this measure for MUSC initially on September 6, 2001, for Year 6 for purposes of collecting baseline data, determining standards, and further measurement refinement as necessary. There are no changes recommended to the substance of the measure from that as approved initially by the Commission on September 6, 2001. The write-up for the measure has been revised as presented here to identify better measurement timeframes and the phase-in schedule, and to provide for standards for use during the phase-in period. The standard recommended for use in Years 7 (2002-03) and Years 8 (2003-04) is 80% to 119% for a score of “Achieves” or “2.” A score of “3” is earned for performance greater than 119% and a score of “1” for performance less than 80.0%.

Recommendation: Staff recommends that the Planning and Assessment Committee recommend for approval of the Commission the measure for Indicator 9A for the MUSC as presented herein along with standard for “Achieves” of 80.0% to 119.0% for use in Performance Funding Years 7 (2002-03) and 8 (2003-04.)

(9) RESEARCH FUNDING

9A FOR MUSC: FINANCIAL SUPPORT FOR REFORM: IMPROVING CHILD AND ADOLESCENT HEALTH (Pre-K to Grade 12 Aged Children)

9A MUSC MEASURE

The amount of grants and awards expended to support the improvement in child and adolescent (pre-K – Grade 12 aged children) health, including public service grants and contracts with schools or school districts or other such entities, as compared to the average from the prior three years.

APPLICABILITY

Applicable to MUSC only

MEASUREMENT INFORMATION

General Data Source: Data collected at the institution and reported to CHE as required.

Timeframe: Performance is based on the most recent-ended fiscal year as compared to the average of the past three fiscal years. The measure is being phased-in per the schedule outlined in the “Calculations...” section. **For Year 7 (2002-03), FY02 data are to be reported and that data will be compared to the FY01 data that were reported in Year 6 (2001-02)**

Cycle:	Rated annually.
Display:	Percentage.
Rounding:	Data rounded to 1 decimal.
Expected Trend:	Upward movement is considered to indicate improvement.
Type Standard:	Compliance during Year 6 as baseline data is collected and standards determined. In Year 7 and subsequent years, assessment is based on comparison to a defined scale.
Improvement Factor:	None.

CALCULATIONS, DEFINITIONS and EXPLANATORY NOTES

Staff Explanation, 9A for MUSC: *The Commission approved developing a complementary measure to be applied. Staff worked with institutional representatives to identify a measure for 9A in the spirit of that applicable to other research institutions and to the teaching universities. To this end and as indicated in these materials, the measure will be an assessment of MUSC's expenditures through public service grants and contracts focusing on child and adolescent health, including programs with schools and school districts. The measure is based on MUSC's improvement in expenditures over time and is similar in nature to the derivation of the measure as applied for the teaching sector and the other two research institutions. The focus, however, is in keeping with MUSC's mission as well as institutional goals, and the measure serves as a nice corollary to 9A as assessed for other institutions.*

Performance will be calculated as the percent improvement of total expenditures of grants within the most recent-ended fiscal year compared to the average expenditures for the past three fiscal years.

Due to a lack of data for fiscal years prior to FY 2000-01, the calculation of the measure will be phased-in as follows.

Year 6 (2001-02): Compliance Measure. Baseline data for FY01 is collected.

Year 7 (2002-03): Scored measure. FY02 compared to FY01.

Year 8 (2003-04): Scored measure. FY03 compared to Average of FY01 and FY02.

Year 9 (2004-05): Scored measure. FY04 compared to Average of FY01, FY02 and FY03.

(and so forth comparing the most recent-ended FY to the average of the past 3 FYs. . .)

Grants generally: Grants included for consideration should include an educational component as a focus of the grant. Basic research grants with no educational component should not be counted. Grants included must be extramural grants. The MUSC Hospital Authority would be considered an extramural agent.

"Pre-K to grade 12 aged children" may be considered as the time period from pre-conception to 20 years of age.

Goals, Scope and Process:

The goal of this performance indicator is to evaluate the efforts of the Medical University of South Carolina to facilitate the development of healthy and hence better-educated children in the state through its community outreach programs in education, treatment, and research programs.

The scope of the projects relevant to this performance indicator will be pre-conception to late adolescence [i.e., to 20 years of age]. To optimize the health benefits of pre-K to adolescent children, parents, teachers, health and social service providers, relevant administrators and policy makers, and the general public may be involved.

In measuring this performance indicator, community outreach programs in research, education, and treatment that are funded from extramural sources will be included if they meet the definitions given below:

Research programs whose stated or implied intent is to improve the health and education of South Carolina children and adolescents, e.g. missed days from school.

Educational programs whose stated or implied intent is to improve the health and education of South Carolina children and adolescents, e.g. training concerning the effect of prenatal consumption of alcohol.

Treatment programs for which the stated or implied intent is to improve the health and education of South Carolina children and adolescents, e.g. behavior modification intervention in dyslexic children.

Process:

Decisions must be made as to which of the extramurally funded research, education, and treatment programs of the Medical University of South Carolina should be included in Performance Indicator 9A. A process to accomplish this task follows.

- 1.) A listing of grants and contracts administered by the Office of Grants and Contracts or affiliated MUSC organizations will be sent to the Office of Special Initiatives.
- 2.) The Office of Special Initiatives will identify potential research, education, and treatment projects and request from the Office of Grants and Contracts and affiliated MUSC organizations abstracts of those projects.
- 3.) Using these abstracts the Office of Special Initiatives will identify projects as candidates to be included in Performance Indicator 9A.
- 4.) These identified candidate projects will be submitted to a review committee made up a representative involved in outreach to children in each of the colleges as well as ad hoc membership from the Office of Special Initiatives, Office of Grants and Contracts, and Office of Institutional Research and Assessment.
- 5.) The review committee will specify which of the projects meet the criteria to be included as those improving pre-K through grade 12 child and adolescent health.

STANDARDS USED TO ASSESS PERFORMANCE

STANDARDS ADOPTED IN 2001 TO BE IN EFFECT FOR PERFORMANCE YEARS 7 (2002-03) AND 8 (2003-04)		
Sector	Level Required to Achieve a Score of 2 *	Reference Notes
Research MUSC	<p>For Year 6, compliance as the measure is defined, baseline data collected and standards determined.</p> <p><u>80.0% to 119.0%</u> for the duration of the phase-in period encompassing Performance Funding Years 7 (2002-03) and 8 (2003-04)</p>	

*If an institution scores above the higher number, a 3 is awarded. If an institution scores below the lower number, a 1 is awarded.

Improvement Factor: N/A

NOTES

1) On September 5, 2002, the Commission considered the standards for 9A to be applicable to MUSC. There were no changes recommended to the substance of the measure from that as reviewed initially by the Commission on September 6, 2001.

2) A measure was developed and implemented to assess indicator 9A beginning in Performance Year 2001-02 (Year 6) for MUSC. During Year 6, the measure was assessed as a compliance indicator as baseline data were collected for purposes of developing standards. The plan to develop measure for 9A for MUSC was adopted by CHE in February 2001 in order to provide a parallel measure to that used for Indicator 9A for Clemson and University of South Carolina-Columbia, and colleges in the Teaching Sector. A measure was designed for MUSC to better assess MUSC's function as a professional/graduate health sciences institution. On September 6, 2001, the Commission considered a measure developed for MUSC for indicator 9A for purposes of baseline data collection during Year 6 (2000-01). The measure was scored as a compliance indicator for MUSC in Year 6.

YEAR 7 PERFORMANCE DATA, 2002-03 (will be rated to impact 2003-04 funding)	Institution: Medical University of South Carolina
INDICATOR 9A for MUSC: Financial Support for Reform: Improving Child and Adolescent Health (PreK-G12)	Contact Name & Phone:
Applies to MUSC, DUE FEBRUARY 7, 2003	Authorizing Signature:
Performance Timeframe: FY02 data to be reported in Year compared to FY01 data as reported in Year 6. (See Workbook, pp. ##-## for details.)	Date Submitted:
<p>9A as defined here is applicable for MUSC. The measure is "the amount of grants and awards expended to support the improvement in child and adolescent (pre-K - Grade 12 aged children) health, including public service grants and contracts with schools or school districts or other such entities, as compared to the average from the prior three years." For Year 7, data from FY02 (July 1, 2001-June 30, 2002) are to be reported. In calculating performance, the FY02 data are to be compared to FY01 data that were reported in Year 6. For measurement details, see the performance funding workbook pages 79-82. The workbook is available online at www.she400.state.sc.us by selecting "Planning, Assessment, and Performance Funding" and then "Performance Funding."</p> <p>For Indicator 9A for MUSC, please indicate the following:</p> <p>_____ Total FY02 expenditures of grants and awards expended to support improvement in child and adolescent health</p> <p><i>(Note - Detailed information by grant as included in the reported total should be retained at the institution until it is no longer included in the current year's measurement. The measure is being phased-in: Year 7 is FY02 compared to FY01; Year 8 is FY03 compared to the average of FYs '01 and '02; Year 9 is FY 04 compared to the average of FYs '01, '02 and '03; and thereafter, the most recent-ended FY compared to the average of the past three FYs.)</i></p>	
<p>Note: This is the second report of data for this indicator that was developed for MUSC to serve as a comparable measure to that used for 9A for other research institutions. If applicable, please note here any concerns or considerations regarding data collected for this report. (Entered text will wrap and the form will continue on the next page.)</p> <p><u>Data Concerns or Comments:</u></p>	
<p>YEAR 7 Performance Value to be completed at CHE. (Performance from 80% - 119% is scored as "2" or "Achieves," performance <80% is scored as "1" and >119% as "3")</p> <p>(FY02 as reported above / \$231,892 FY01 report) * 100 = _____</p>	
<p>TO BE COMPLETED AT CHE: Date Received _____ Revisions received after this date? Yes or No</p>	